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Bib Data Sheet

CONFIRMATION NO. 4510

SERIAL NUMBER 09/585,726	FILING DATE 05/31/2000 RULE	CLASS	GROUP ART UNIT 2131	ATTORNEY DOCKET NO. 60208
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APPLICANTS
Geoffrey B. Rhoads, West Linn, OR;

**** CONTINUING DATA ******* *DR*
THIS APPLICATION IS A CON OF 09/496,380 02/02/2000
WHICH IS A DIV OF 08/951,858 10/16/1997 PAT 6,026,193
WHICH IS A CON OF 08/436,134 05/08/1995 PAT 5,748,763
WHICH IS A CIP OF 08/327,426 10/21/1994 PAT 5,768,426

**** FOREIGN APPLICATIONS ******* *DR*
None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/15/2000

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OR	SHEETS DRAWING 21	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>Douglas Rhoads</i>	Initials		

ADDRESS
23735

TITLE
Steganographic Encoding and Decoding of Auxiliary Codes in Media Signals

FILING FEE RECEIVED 1574	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit



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Bib Data Sheet

SERIAL NUMBER 09/585,726	FILING DATE 05/31/2000 RULE -	CLASS 700	GROUP ART UNIT 2747	ATTORNEY DOCKET NO. 60208
APPLICANTS Geoffrey B. Rhoads, West Linn, OR ;				
** CONTINUING DATA ***** THIS APPLICATION IS A CON OF 09/496,380 02/02/2000 WHICH IS A DIV OF 08/951,858 10/16/1997 PAT 6,026,193 WHICH IS A CON OF 08/436,134 05/08/1995 PAT 5,748,763 WHICH IS A CIP OF 08/327,426 10/21/1994 PAT 5,768,426				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/15/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY OR	SHEETS DRAWING 21	TOTAL CLAIMS 26
INDEPENDENT CLAIMS 2				
ADDRESS Joel R Meyer Digimarc Corporation 19801 S W 72nd Ave Suite 250 Tualatin ,OR 97062				
TITLE 4/A <i>Steganographic Encoding and Decoding of Auxiliary Codes in Media Signals</i> Encoding and decoding auxiliary codes in audio signals				
FILING FEE RECEIVED 928	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	